

# LUKAS, NACE, GUTIERREZ & SACHS, LLP

8300 GREENSBORO DRIVE, SUITE 1200  
MCLEAN, VIRGINIA 22102  
703 584 8678 • 703 584 8696 FAX

WWW.FCCLAW.COM

RUSSELL D. LUKAS  
DAVID L. NACE  
THOMAS GUTIERREZ\*  
ELIZABETH R. SACHS\*  
DAVID A. LAFURIA  
PAMELA L. GIST  
TODD SLAMOWITZ\*  
TODD B. LANTOR\*  
STEVEN M. CHERNOFF\*  
KATHERINE PATSAS NEVITT\*

CONSULTING ENGINEERS  
ALI KUZEHKANANI  
LEILA REZANAVAZ  
—  
OF COUNSEL  
GEORGE L. LYON, JR.  
LEONARD S. KOLSKY\*  
JOHN CIMKO\*  
J. K. HAGE III\*  
JOHN J. MCAVOY\*  
HON. GERALD S. MCGOWAN\*  
TAMARA DAVIS BROWN\*  
JEFFREY A. MITCHELL  
ROBERT S. KOPPEL\*

\*NOT ADMITTED IN VA

June 27, 2011

Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street, S.W.  
Washington, DC 20554

**Re: WC Docket No. 09-197**  
***Ex Parte* Notification**

Dear Ms. Dortch:

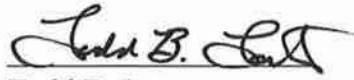
On June 23, 2011, R. Danny Hyde, III, David Donahue, Greg Hough and Robin Enkey on behalf of Budget PrePay, Inc. ("Budget PrePay" or the "Company") and the undersigned, counsel to Budget PrePay, met with Kim Scardino, Divya Shenoy, Cindy Speirs and Jonathan Lechter in the Telecommunications Access Policy Division of the FCC's Wireline Competition Bureau, to discuss the Company's pending applications for designation as Eligible Telecommunications Carrier ("ETC") and to encourage the Commission's expeditious grant of the applications.

Budget PrePay representatives discussed the Company's switching facilities, as well as the Company's provision of operator, directory assistance and toll-limitation services, the Company's desire to have its ETC designation include authority to participate in the federal Link Up program (in order to pass along the federal Link Up subsidy to qualified customers), and the Company's ongoing ETC compliance efforts as both a CLEC and wireless provider.

Included with the *ex parte* letter is a copy of Budget PrePay's Lifeline certification form that is provided to customers requesting Lifeline service from the Company.

If you have any questions or require any additional information, please contact the undersigned directly.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Todd B. Lantor", written over a horizontal line.

Todd B. Lantor

Enclosure

cc: Kim Scardino  
Divya Shenoy  
Cindy Speirs  
Jonathan Lechter

# LIFELINE CERTIFICATION FORM



www.budgetmobile.com

## ELIGIBILITY

Please check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Low Income Home Energy Assistance Program | <input type="checkbox"/> Temporary Assistance for Needy Families   |
| <input type="checkbox"/> Supplemental Security Income (SSI)        | <input type="checkbox"/> Medicaid                                  |
| <input type="checkbox"/> Federal Housing Assistance (Section 8)    | <input type="checkbox"/> National School Lunch (free program only) |
| <input type="checkbox"/> Food Stamps                               |  |

**OR** Check below:

☐ **INCOME QUALIFICATION:** Persons whose household income is at or below 135% of national poverty level qualify for Lifeline & LinkUp credit. **This option is only available at a Budget Mobile retail location. Customer must provide proof of income.**

Persons in HH --- 135% Annual Income (at or below)

(1) \$14,702	(4) \$30,173	(7) \$45,644	Add \$5,157 for each additional person.
(2) \$19,859	(5) \$35,330	(8) \$50,801	
(3) \$25,016	(6) \$40,487		

## PERSONAL INFORMATION

Please fill out the following information.

First Name:

Middle Name:

Last Name:

Social Security Number (Last 4 digits only):  Date of Birth (mm/dd/yyyy):

Street Address:

Apt. Number:  Name of Apt. Complex:

City:  State:  Zip Code:

I certify, under penalty of perjury, that I am a current recipient of the above program(s) and will notify Budget PrePay® when I am no longer participating in at least one of the above designated programs. I authorize Budget PrePay® or its duly appointed representative to access any records required to verify these statements to confirm my continued participation in the above program. I will only receive one Lifeline wireless connection and will not have simultaneous wireless Lifeline connections with another provider. I authorize representatives of the above programs to discuss with and/or provide copies to Budget PrePay®, if requested by the company, to verify my participation in the above programs and my eligibility for LifeLine and Link Up. I affirm that I am over the age of eighteen and head of household & that I am not listed as a dependent on another person's tax return. I acknowledge that I may be required to pay an activation fee.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR AUTHORIZED EMPLOYEE USE ONLY

Customer Mobile Phone Number  -  -

Phone Identification Number

Date  -  -